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12/27/2007 WABDELR3 00000061 10540085					L	awrence A.	Max	ham	(Depositor's name)
01 FC:1504 300.00 DP 02 FC:8001 30.00 DP				4	17 December 2007 (Signature				
, APPLICATION NO.	FILING DATE			FIRST NAMED INVEN	TOR			NEY DOCKET NO.	CONFIRMATION NO.
10/540,085	10/14/2005			Per-Ingvar Branem	nark			2816-3	6431
TITLE OF INVENTION: FIXTURE 12/27/2007 WABDELR3 00000062 020460 10540085 11.FC:2501 20.00 DA 700.00 OP									
APPLN, TYPE	SMALL ENTITY		E FEE DUE	PUBLICATION FEE I	OUE	PREV. PAID ISSUI	E FEE	TOTAL FEE(S) DUE	DATE DUE
To nonprovisional	YES	·	\$700	\$300		\$0	L	\$1000	12/18/2007
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WOODALL, NICI	HOLAS W	•	3733	606-073000					
il. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				(1) the names of or agents OR, alte (2) the name of a registered attorney 2 registered patent	ting on the patent front page, list mes of up to 3 registered patent attorneys DR, alternatively, ne of a single firm (having as a member a attorney or agent) and the names of up to d patent attorneys or agents. If no name is lame will be printed. 1 THE MAXHAM FIRM				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
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PIOS Biotech AB Göteborg, SWEDEN Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government									
14 () 				b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the require to fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-0460 (enclose an extra copy of this form).					
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Authorized Signature	Lawren		a.M.	tha -		Date 17 I)есеп	ber 2007	
Typed or printed name	/ Lawrence A.	Maxh	am			Registration N	lo2	4,483	
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.									
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